

Huish Episcopi Academy

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Principal: Mr Chris Wade



Wincanton Road,
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WORK EXPERIENCE

STUDENT NAME..... FORM.....

STUDENT TO COMPLETE THE FORM BELOW AS FULLY AS POSSIBLE

Dates of placement	
Full name of company providing placement	
Type of business	
Full address (including area and post code)	
Tel No:	Mobile/ No:
e-mail:	
Contact name and position	
What type of work will the pupil be doing?	
Does the company have Employers Liability cover? *	Yes/No
Does the company have Public Liability cover? *	Yes/No
Work Experience Database Number: (This is a number allocated to the company on the database)	

***The placement will not be approved without this cover**

This form does not need to go to the prospective employer but returned to your Form Tutor when complete.